

State: South Carolina

Agency*	(Citation(s))	Groups Covered
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The following groups are covered under this plan.

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups

42 CFR 435.110 1. Recipients of AFDC

IV-A

The approved State AFDC plan includes:

- ☒ Families with an unemployed parent for the mandatory 6-month period and an optional extension of 6 months.
- ☐ Pregnant women with no other eligible children.
- ☒ AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.

The standards for AFDC payments are listed in Supplement 1 of ATTACHMENT 2.6-A.

42 CFR 435.115 2. Deemed Recipients of AFDC

IV-A

- a. Individuals denied a title IV-A cash payment solely because the amount would be less than \$10.

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Agency*	Citation(s)	Groups Covered
	A.	<u>Mandatory Coverage - Categorically Needy and Other Required Special Groups</u> (Continued)
	2.	Deemed Recipients of AFDC,
1902(a)(10)(A)(i)(I) of the Act	b.	Effective October 1, 1990, participants in a work supplementation program under title IV-A and any child or relative of such individual (or other individual living in the same household as such individuals) who would be eligible for AFDC if there were no work supplementation program, in accordance with section 482(e)(6) of the Act.
402(a)(22)(A) of the Act	c.	Individuals whose AFDC payments are reduced to zero by reason of recovery of overpayment of AFDC funds.
406(h) and 1902(a)(10)(A)(i)(I) of the Act	d.	An assistance unit deemed to be receiving AFDC for a period of four calendar months because the family become ineligible for AFDC as a result of collection or increased collection of support and meets the requirements of section 406(h) of the Act.
1902(a) of the Act	e.	Individuals deemed to be receiving AFDC who meet the requirements of section 473(b)(1) or (2) for whom an adoption assistance agreement is in effect or foster care maintenance payments are being made under title IV-E of the Act.

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Agency*	Citations(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and
Other Required Special Groups (Continued)

407(b), 1902
(a) (10) (A) (i)
and 1905(m) (1)
of the Act
IV-A

3. Qualified Family Members (Medicaid Only)

See Item A.10, pg. 5

1902(a) (52)
and 1925 of
the Act
IV-A

4. Families terminated from AFDC solely
because of earnings, hours of employment,
or loss of earned income disregards
entitled up to twelve months of extended
benefits in accordance with section 1925
of the Act. (This provision expires on
September 30, 1998).

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State South Carolina

Agency*	Citation(s)	Groups Covered
	A.	<u>Mandatory Coverage - Categorically Needy and Other Required Special Groups</u> (Continued)
42 CFR 435.113 IV-A	5.	Individuals who are ineligible for AFDC solely because of eligibility requirements that are specifically prohibited under Medicaid. Included are: <ul style="list-style-type: none">a. Families denied AFDC solely because of income and resources deemed to be available from—<ul style="list-style-type: none">(1) Stepparents who are not legally liable for support of stepchildren under a State law of general applicability;(2) Grandparents;(3) Legal guardians; and(4) Individual alien sponsors (who are not spouses of the individual or the individual's parent);b. Families denied AFDC solely because of the involuntary inclusion of siblings who have income and resources of their own in the filing unit.c. Families denied AFDC because the family transferred a resource without receiving adequate compensation.

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Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

42 CFR 435.114
IV-A

6. Individuals who would be eligible for AFDC except for the increase in OASDI benefits under Pub. L. 92-336 (July 1, 1972), who were entitled to OASDI in August 1972, and who were receiving cash assistance in August 1972.

_____ Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group was included in this State's August 1972 plan).

X Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in this State's August 1972 plan).

_____ Not applicable with respect to intermediate care facilities; State did or does not cover this service.

1902(a)(10)
(A)(i)(III)
and 1905(n) of
the Act

7. Qualified Pregnant Women and Children.

a. A pregnant woman whose pregnancy has been medically verified who—

IV-A

(1) Would be eligible for an AFDC cash payment if the child had been born and was living with her;

State South Carolina

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Citation(s)

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

7. a. (2) Is a member of a family that would be eligible for aid to families with dependent children of unemployed parents if the State had an AFDC-unemployment parents program; or
- (3) Would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

1902(a)(10)(A)
(i)(III) and
1905(n) of the
Act

- b. Children born after September 30, 1983 who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan:

_____ Children who are born after

(specify optional earlier date)
Who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State South Carolina

Citation(s)

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

1902(a)(10)(A)
(I)(IV) and
1902(1)(1)(A)
and (B) of the
Act

8. Pregnant women and infants under 1 year of age with family incomes up to 133 percent of the Federal poverty level who are described in section 1902(a)(10)(A)(i)(IV) and 1902(1)(1)(A) and (B) of the Act. The income level for this group is specified in Supplement 1 to ATTACHMENT 2.6-A.

X The State uses a percentage greater than 133 but not more than 185 percent of the Federal poverty level, as established in its State plan, State legislation, or State appropriations as of December 19, 1989.

1902(a)(10)(A)
(I)(VI)
1902(1)(1)(C)
of the Act

9. Children

- a. who have attained 1 year of age but have not attained 6 years of age, with family incomes at or below 133 percent of the Federal poverty levels.

1902(a)(10)(A)(I)
(VII) and 1902(1)
(1)(D) of the Act

- b. born after September 30, 1983, who have attained 6 years of age but have not attained 19 years of age, with family incomes at or below 100 percent of the Federal poverty levels.

X Children born after

Any Date
(Specify optional earlier date)
who have attained 6 years of age but have not attained 19 years of age, with family incomes at or below 100 percent of the Federal poverty levels.

Income levels for these groups are specified in
Supplement 1 to ATTACHMENT 2.6-A.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State South Carolina

COVERAGE AND CONDITIONS OF ELIGIBILITY

Agency*	Citation(s)	Groups Covered
	A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups</u> (Continued)	
1902(a) (10) (A) (i) (V) and 1905(m) of the Act IV-A	10.	Individuals other than qualified pregnant women and children under item A.7. above who are members of a family that would be receiving AFDC under section 407 of the Act if the State had not exercised the option under section 407(b) (2) (B) (i) of the Act to limit the number of months for which a family may receive AFDC.
1902(e) (5) of the Act IV-A	11. a.	A woman who, while pregnant, was eligible for, applied for, and receives Medicaid under the approved State plan on the day her pregnancy ends. The woman continues to be eligible, as though she were pregnant, for all pregnancy-related and postpartum medical assistance under the plan for a 60-day period (beginning on the last day of her pregnancy) and for any remaining days in the month in which the 60 th day falls.
1902(e) (6) of the Act	b.	A pregnant woman who would otherwise lose eligibility because of an increase in income (of the family in which she is a member) during the pregnancy or the postpartum period which extends through the end of the month in which the 60-day period (beginning on the last day of pregnancy) ends.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State South Carolina

COVERAGE AND CONDITIONS OF ELIGIBILITY

Agency*	Citation(s)	Groups Covered
	A.	<u>Mandatory Coverage - Categorically Needy and Other Required Special Groups</u> (Continued)
1902(e) (4) of the Act IV-A	12.	A child born to a woman who is eligible for and receiving Medicaid as categorically needy on the date of the child's birth. The child is deemed eligible for one year from birth as long as the mother remains eligible or would remain eligible if still pregnant and the child remains in the same household as the mother.
42 CFR 435.120 XVI	13.	Aged, Blind and Disabled Individuals Receiving Cash Assistance <u> X </u> a. Individuals receiving SSI. This includes beneficiaries' eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under an agreement with the Social Security Administration; and beginning January 1, 1981 persons receiving SSI under section 1619(a) of the Act or considered to be receiving SSI under section 1619(b) of the Act. <u> X </u> Aged <u> X </u> Blind <u> X </u> Disabled

State South Carolina

Agency*	Citation(s)	Groups Covered
	A. <u>Mandatory Coverage - Categorically Needy and Other Required Groups</u> (Continued)	
435.121	13. <input type="checkbox"/> b.	Individuals who meet more restrictive requirements for Medicaid than the SSI requirements. (This includes persons who qualify for benefits under section 1619(a) of the Act or who meet the requirements for SSI status under section 1619(b) (1) of the Act and who met the State's more restrictive requirements for Medicaid in the month before the month they qualified for SSI under section 1619(a) or met the requirements under section 1619(b) (1) of the Act. Medicaid eligibility for these individuals continues as long as they continue to meet the 1619(a) eligibility standard or the requirements of section 1619(b) of the Act.)
1619(b) (1) of the Act		<div><div>_____ Aged</div><div>_____ Blind</div><div>_____ Disabled</div></div> <p>The more restrictive categorical eligibility criteria are described below:</p>

(Financial Criteria are described in ATTACHMENT 2.6-A.

State South Carolina

Agency*	Citation(s)	Groups Covered
	A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups</u> (Continued)	
1902(a) (10(A) (i) (II) and 1905 (q) of the Act IV-A	14. Qualified severely impaired blind and disabled individuals who--	
	a. For the month preceding the first month of eligibility under the requirements of section 1905(q) (2) of the Act, received SSI, a State supplemental payment under section 1616 of the Act or under section 212 of P.L. 93-66 or benefits under section 1619(a) of the Act and were eligible for Medicaid; or	
	b. For the month of June 1987, were considered to be receiving SSI under section 1619(b) of the Act and were eligible for Medicaid. These individuals must--	
	(1) Continue to meet the criteria for blindness or have the disabling physical or mental impairment under which the individual was found to be disabled;	
	(2) Except for earnings, continue to meet all nondisability-related requirements for eligibility for SSI benefits.	
	(3) Have unearned income in amounts that would not cause them to be ineligible for a payment under section 1611(b) of the Act;	

State South Carolina

Agency*	Citation(s)	Groups Covered
<hr/>		
A.	<u>Mandatory Coverage - Categorically Needy and Other Required Special Groups</u> (Continued)	
	(4)	Be seriously inhibited by the lack of Medicaid coverage in their ability to continue to work or obtain employment; and
	(5)	Have earnings that are not sufficient to provide for himself or herself a reasonable equivalent of the Medicaid, SSI (including any Federally administered SSP), or public funded attendant care services that would be available if he or she did have such earnings.
	<input type="checkbox"/>	Not applicable with respect to individuals receiving only SSP because the State either does not make SSP payments or does not provide Medicaid to SSP-only recipients.

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August 1991

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Agency*	Citation(s)	Groups Covered
	A.	<u>Mandatory Coverage - Categorically Needy and Other Required Special Groups</u> (Continued)
1619(b) (3) of the Act	<input type="checkbox"/>	The State applies more restrictive eligibility requirements for Medicaid than under SSI and under 42 CFR 435.121. Individuals who qualify for benefits under section 1619(a) of the Act or individuals described above who meet the eligibility requirements for SSI benefits under section 1619(b) (1) of the Act and who met the State's more restrictive requirements in the month before the month they qualified for SSI under section 1619(a) or met the requirements of section 1619(b) (1) of the Act are covered. Eligibility for these individuals continues as long as they continue to qualify for benefits under section 1619(a) of the Act or meet the SSI requirements under section 1619(b) (1) of the Act.

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State South Carolina

Agency*	Citation(s)	Groups Covered
	A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups</u> (Continued)	
1634 (c) of the Act	15.	Except in States that apply more restrictive eligibility requirements for Medicaid than under SSI, blind or disabled individuals who-- a. Are at least 18 years of age; b. Lose SSI eligibility because they become entitled to OASDI child's benefits under section 202 (d) of the Act or an increase in these benefits based on their disability. Medicaid eligibility for these individuals continues for as long as they would be eligible for SSI, absent their OASDI eligibility. <input type="checkbox"/> c. The State applies more restrictive eligibility requirements than those under SSI, and part or all of the amount of OASDI benefit that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility. <input type="checkbox"/> d. The State applies more restrictive requirements than those under SSI, and none of the OASDI benefit is deducted in determining the amount of countable income for categorically needy eligibility.
42 CFR 435.122	16.	Except in States that apply more restrictive eligibility requirements for Medicaid than under SSI, individuals who are ineligible for SSI or optional State supplements (if the agency provides Medicaid under §435.230), because of requirements that do not apply under title XIX of the Act.

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Agency*	Citation(s)	Groups Covered
42 CFR 435.130	17.	Individuals receiving mandatory State supplements.

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State South Carolina

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

42 CFR 435.131
IV-A

18. Individuals who in December 1973 were eligible for Medicaid as an essential spouse and who have continued, as spouse, to live with and be essential to the well-being of a recipient of cash assistance. The recipient with whom the essential spouse is living continues to meet the December 1973 eligibility requirements of the State's approved plan for OAA, AB, APTD, or AABD and the spouse continues to meet the December 1973 requirements for having his or her needs included in computing the cash payment.

☒ In December 1973, Medicaid coverage of the essential spouse was limited to the following group(s):

 X Aged X Blind X Disabled

☐ Not applicable. In December 1973, the essential spouse was not eligible for Medicaid.

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Agency*	Citation(s)	Groups Covered
	A.	<u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>
42 CFR 435.132 IV-A	19.	Institutionalized individuals who were eligible for Medicaid in December 1973 as inpatients of title XIX medical institutions or residents of title XIX intermediate care facilities, if, for each consecutive month after December 1973, they-- a. Continue to meet the December 1973 Medicaid State plan eligibility requirements; and b. Remain institutionalized; and c. Continue to need institutional care.
42 CFR 435.133 IV-A	20.	Blind and disabled individuals who-- a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria; and b. Were eligible for Medicaid in December 1973 as blind or disabled; and c. For each consecutive month after December 1973 continue to meet December 1973 eligibility criteria.

State South Carolina

Agency*	Citation(s)	Groups Covered
	A. <u>Mandatory Coverage -</u> B. <u>Categorically Needy and Other Required Special Groups</u> (Continued)	
42 CFR 435.134 IV-A	21. Individuals who would be SSI/SSP eligible except for the increase in OASDI benefits under Pub. L. 92-336 (July 1, 1972), who were entitled to OASDI in August 1972, and who were receiving cash assistance in August 1972.	
	<input type="checkbox"/> Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group was included in this State's August 1972 plan).	
	<input checked="" type="checkbox"/> Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or a nursing facility (this group was included in this State's August 1972 plan).	
	<input type="checkbox"/> Not applicable with respect to nursing facilities; the State did or does not cover this service.	

State South Carolina

Agency*	Citation(s)	Groups Covered
	A.	<u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>
42 CFR 435.135 IV-A	22.	Individuals who-- <ul style="list-style-type: none">a. Are receiving OASDI and were receiving SSI/SSP but became ineligible for SSI/SSP after April 1977; andb. Would still be eligible for SSI or SSP if cost-of-living increases in OASDI paid under section 215(i) of the Act received after the last month for which the individual was eligible for and received SSI/SSP and OASDI, concurrently, were deducted from income. <p><input type="checkbox"/> Not applicable with respect to individuals receiving only SSP because the State either does not make such payments or does not provide Medicaid to SSP--only recipients.</p> <p><input type="checkbox"/> Not applicable because the State applies more restrictive eligibility requirements than those under SSI.</p> <p><input type="checkbox"/> The State applies more restrictive eligibility requirements than those under SSI and the amount of increase that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.</p>

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Agency*	Citation(s)	Groups Covered
	A.	<u>Mandatory Coverage - Categorically Needy and Other Required Special Groups</u> (Continued)
1634 of the Act IV-A	23.	<p>Disabled widows and widowers who would be eligible for SSI or SSP except for the increase in their OASDI benefits as a result of the elimination of the reduction factor required by section 134 of Pub. L. 98-21 and who are deemed, for purposes of title XIX, to be SSI beneficiaries or SSP beneficiaries for individuals who would be eligible for SSP only, under section 1634(b) of the Act.</p> <p><input type="checkbox"/> Not applicable with respect to individuals receiving only SSP because the State either does not make these payments or does not provide Medicaid to SSP-only recipients.</p> <p><input type="checkbox"/> The State applies more restrictive eligibility standards than those under SSI and considers these individuals to have income equaling the SSI Federal benefit rate, or the SSP benefit rate for individuals who would be eligible for SSP only, when determining countable income for Medicaid categorically needy eligibility.</p>

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State: South Carolina

Agency	Citation(s)	Groups Covered
1902(a)(10)(E)(i), 1905(p) and 1860D-14(a)(3)(D) of the Act	24. Qualified Medicare Beneficiaries --	<ul style="list-style-type: none"> a. Who are entitled to hospital insurance benefits under Medicare Part A, (but not pursuant to an enrollment under section 1818A of the Act); b. Whose income does not exceed 100 percent of the Federal poverty level; and c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index. <p>(Medical assistance for this group is limited to Medicare cost-sharing as defined in item 3.2 of this plan.)</p>
1902(a)(10)(E)(ii), 1905(p)(3)(A)(i), 1905(p) and 1860D-14(a)(3)(D)	25. Qualified Disabled and Working Individuals --	<ul style="list-style-type: none"> a. Who are entitled to hospital insurance benefits under Medicare Part A under section 1818A of the Act; of the Act b. Whose income does not exceed 200 percent of the Federal poverty level; and

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Agency	Citation(s)	Groups Covered
A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups</u> (Continued)		
		<ul style="list-style-type: none"> c. Whose resources do not exceed two times the SSI resource limit. d. Who are not otherwise eligible for medical assistance under Title XIX of the Act. <p>(Medical assistance for this group is limited to Medicare Part A premiums under section 1818A of the Act.)</p>
1902(a)(10)(E)(iii), 1905(p)(3)(A)(ii), and 1860D-14(a)(3)(D) of the Act	26. Specified Low-Income Medicare Beneficiaries --	<ul style="list-style-type: none"> a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act); b. whose income is greater than 100 percent but less than 120 percent of the Federal poverty level; and c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index. <p>(Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act.)</p>

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Agency	Citation(s)	Groups Covered
A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups</u> (Continued)		
1902(a)(10)(E)(iv) and 1905(p)(3)(A)(ii) and 1860D-14(a)(3)(D) of the Act	27. Qualifying Individuals --	<ul style="list-style-type: none"> a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act); b. whose income is at least 120 percent but less than 135 percent of the Federal poverty level; c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index.

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B. Optional Groups Other Than the Medically Needy

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|--|-------------------------------------|---|
| 42 CFR
435.210
1902(a)
(10)(A)(ii) and
1905(a) of
the Act | <input type="checkbox"/> | 1. Individuals described below who meet the income and resource requirements of AFDC, SSI, or an optional State supplement as specified in 42 CFR 435.230, but who do not receive cash assistance.

<input type="checkbox"/> The plan covers all individuals as described above.

<input type="checkbox"/> The plan covers only the following group or groups of individuals:

___ Aged
___ Blind
___ Disabled
___ Caretaker relatives
___ Pregnant women
___ Individuals under the age of

___ 18
___ 19
___ 20
___ 21 |
| 42 CFR
435.211
IV-A | <input checked="" type="checkbox"/> | 2. Individuals who would be eligible for AFDC, SSI or an optional State supplement as specified in 42 CFR 435.230, if they were not in a medical institution. |

State South Carolina

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.212 & 1902(e) (2) of the Act, P.L. 99-272 (section 9517) P.L. 101-508 (section 4732)	[] 3.	The State deems as eligible those individuals who became otherwise ineligible for Medicaid while enrolled in an HMO qualified under Title XIII of the Public Health Service Act, or a managed care organization (MCO), or a primary care case management (PCCM) program, but who have been enrolled in the entity for less than the minimum enrollment period listed below. Coverage under this section is limited to MCO or PCCM services and family planning services described in section 1905(a) (4) (C) of the Act.
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 X The State elects not to guarantee eligibility.

 The State elects to guarantee eligibility. The minimum enrollment period is months (not to exceed six).

The State measures the minimum enrollment period from:

[] The date beginning the period of enrollment in the MCO or PCCM, without any intervening disenrollment, regardless of Medicaid eligibility.

[] The date beginning the period of enrollment in the MCO or PCCM as a Medicaid patient (including periods when payment is made under this section), without any intervening disenrollment.

[] The date beginning the last period of enrollment in the MCO or PCCM as a Medicaid patient (not including periods when payment is made under this section) without any intervening disenrollment or periods of enrollment as a privately paying patient. (A new minimum enrollment period begins each time the individual becomes Medicaid eligible other than under this section).

*Agency that determines eligibility for coverage.

State South Carolina

Agency*	Citation(s)	Groups Covered
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1932(a) (4) of the Act	B.	<u>Optional Groups Other Than Medically Needy</u> (Continued)
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The Medicaid Agency may elect to restrict the disenrollment of Medicaid enrollees of MCOs, PIHPs, PAHPs, and PCCMs in accordance with the regulations at 42 CFR 438.56. This requirement applies unless a recipient can demonstrate good cause for disenrolling of if he/she moves out of the entity's service area or becomes ineligible.

 X Disenrollment rights are restricted for a period of 12 months (not to exceed 12 months).

During the first three months of each enrollment period the recipient may disenroll without cause. The State will provide notification, at least once per year, to recipients enrolled with such organization of their right to and restrictions of terminating such enrollment.

 No restrictions upon disenrollment rights.

1903(m) (2) (H),
1902(a) (52) of
the Act
P.L. 101-508
42 CFR 438.56(g)

In the case of individuals who have become ineligible for Medicaid for the brief period described in section 1903(m) (2) (H) and who were enrolled with a MCO, PIHP, PAHP, or PCCM when they became ineligible, the Medicaid agency may elect to reenroll those individuals in the same entity if that entity still has a contract.

 X The agency elects to reenroll the above individuals who are ineligible in a month but in the succeeding two months become eligible, into the same entity in which they were enrolled at the time eligibility was lost.

 The agency elects not to reenroll above individuals into the same entity in which they were previously enrolled.

*Agency that determines eligibility for coverage.

State South Carolina

Agency*	Citation(s)	Groups Covered
	B.	<u>Optional Groups Other Than the Medically Needy</u> (Continued)
42 CFR 435.217 IV-A	<u>X</u> 4.	A group or groups of individuals who would be eligible for Medicaid under the plan if they were in a NF or an ICF/MR, who but for the provision of home and community-based services under a waiver granted under 42 CFR part 441, Subpart G would require institutionalization, and who will receive home and community-based services under the waiver. The group or groups covered are listed in the waiver request. This option is effective on the effective date of the State's section 1915(c) waiver under which this group(s) is covered. In the event an existing 1915(c) waiver is amended to cover this group(s), this option is effective on the effective date of the amendment.

State South Carolina

Agency*	Citation(s)	Groups Covered
	B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)	
1902(a) (10) (A) (II) (VII) of the Act	<input type="checkbox"/> 5.	Individuals who would be eligible for Medicaid under the plan if they were in a medical institution, who are terminally ill, and who receive hospice care in accordance with a voluntary election described in section 1905(o) of the Act. <input type="checkbox"/> The State covers all individuals as described above. <input type="checkbox"/> The State covers only the following group or groups of individuals; ___ Aged ___ Blind ___ Disabled ___ Individuals under the age of-- ___ 21 ___ 20 ___ 19 ___ 18 ___ Caretaker relatives ___ Pregnant women

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Medical Assistance Program

State: South Carolina

SECTION 2 – COVERAGE AND ELIGIBILITY

Citation(s)

2.1 Application, Determination of Eligibility and Furnishing Medicaid
(Continued)

1902(e)(13) of
the Act

X (e) Express Lane Option. The Medicaid State agency elects the option to rely on a finding from an Express Lane agency when determining whether a child satisfies one or more components of Medicaid eligibility. The Medicaid State agency agrees to meet all of the Federal statutory and regulatory requirements for this option. This authority may not apply to eligibility determination made before February 4, 2009, or after September 30, 2013.

(1) The Express Lane option is applied to:
☐ Initial Determinations ☐ Redeterminations

☒ Both

(2) A child is defined as younger than age:
☒ 19 ☐ 20 ☐ 21

(3) The following public agencies are approved by the Medicaid State agency as Express Lane agencies:

The South Carolina Department of Social Services (SCDSS) in the administration of the Supplemental Nutritional Assistance Program (SNAP) and the Temporary Assistance for Needy Families (TANF) Program.

(4) The following component/components of Medicaid eligibility are determined under the Express Lane option. Also, specify any differences in budget unit, deeming, income exclusions, income disregards, or other methodology between Medicaid eligibility determinations for such children and the determination under the Express Lane option.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Medical Assistance Program

State: South Carolina

SECTION 2 – COVERAGE AND ELIGIBILITY

Citation(s)

2.1 Application, Determination of Eligibility and Furnishing Medicaid
(Continued)

Income, budget unit and resources will be used to determine Medicaid eligibility. The following summarizes differences in methodology:

Income: Medicaid – 200% FPL

SNAP – 130% FPL

TANF – 50%FPL

Income disregards: Medicaid – Standard work deduction of \$100 is applied to the determined monthly gross earned income; the first \$50 of child support; a deduction for dependent care expense allowed for up to \$200 per month, per child under age 12 or incapacitated adult reduced by the amount of Childcare Assistance; the income of family members who receive SSI.

SNAP - standard deduction (\$142 for household size of 1-3); 20% of earned income; maximum excess shelter deduction of up to \$417; mandatory utility allowance of \$272 if the household has heating/cooling costs or a basic utility allowance of \$134 or actual utility expenses and a telephone allowance of \$33; monthly dependent care expenses; legally obligated child support deduction; medical deduction

TANF - a 50% earned income disregard for four months provided they pass the gross income test or \$100 earned income disregard following the fourth month of the 50% disregard

Budget unit: Medicaid - income and resources of the parents and children in the home.

SNAP – the child and other individuals who purchase food or prepare meals together for home consumption

TANF - The dependent child(ren) for whom assistance is requested, the biological, legal or adoptive parent, stepparent(s), minor, adoptive and half-siblings.

Resources: Medicaid - \$30,000 limit per budget unit.

SNAP - \$2,000 per budget unit

TANF - \$2,500 per budget unit

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Medical Assistance Program

State: South Carolina

SECTION 2 – COVERAGE AND ELIGIBILITY

Citation(s)

2.1 Application, Determination of Eligibility and Furnishing Medicaid
(Continued)

(5) Check off which option is used to satisfy the Screen and Enroll requirement before a child may be enrolled under title XXI.

☐ (a) Screening threshold established by the Medicaid agency as:
☐ (i)____ percentage of the Federal Poverty level which exceeds the highest Medicaid income threshold applicable to a child by a minimum of 30 percentage points: specify _____; or

☐ (ii)____ percentage of the Federal poverty level (describe how this reflects the value of any difference between income methodologies of Medicaid and the Express Lane agency); or

☐ (b) Temporary enrollment pending screen and enroll.

☒ (c) State's regular screen and enroll process for CHIP.

☒ (6) The State elects the option for automatic enrollment without a Medicaid application, based on data obtained from other sources and with the child's or family's affirmative consent to child's Medicaid enrollment.

☐ (7) Check off if the State elects the option to rely on a finding from an Express Lane agency that includes gross income or adjusted gross income shown by State income tax records or returns.

State South Carolina

Agency*	Citation(s)	Groups Covered
	B.	<u>Optional Groups Other Than the Medically Needy</u> (Continued)
42 CFR 435.220	<input type="checkbox"/>	6. Individuals who would be eligible for AFDC if their work-related child care costs were paid from earnings rather than by a State agency as a service expenditure. The State's AFDC plan deducts work-related child care costs from income to determine the amount of AFDC.
	<input type="checkbox"/>	The State covers all individuals as described above.
1902(a)(10)(A)(ii) and 1905(a) of the Act	<input type="checkbox"/>	The State covers only the following group or groups of individuals: _____ Individuals under the age of-- _____ 21 _____ 20 _____ 19 _____ 18 _____ Caretaker relatives _____ Pregnant Women
42 CFR 435.222 1902(a)(10)(A)(ii) and 1905(a)(i) of the Act IV-A	7.	<input checked="" type="checkbox"/> a. All individuals who are not described in section 1902(a)(10)(A)(i) of the Act, who meet the income and resource requirements of the AFDC State plan, and who are under the age of: _____ 21 _____ 20 _____ 19 <u>X</u> 18(19 if full time student and reasonably expected to complete secondary education by 19 th birthday).

State South Carolina

Agency*	Citation(s)	Groups Covered
	B.	<u>Optional Groups Other Than the Medically Needy</u> (Continued)
42 CFR 435.222	<input checked="" type="checkbox"/>	b. Reasonable classification of individuals described in (a) above, as follows: <div><div><u> X </u></div><div>(1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are: <div><div><u> X </u></div><div>(a) In foster homes (and are under the age of <u> 21 </u>).</div><div><u> X </u></div><div>(b) In private institutions (and are under the age of <u> 21 </u>).</div><div><u> </u></div><div>(c) In addition to the group under b.(1) (a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of <u> </u>).</div></div></div><div><u> </u></div><div>(2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of <u> </u>).</div><div><u> </u></div><div>(3) Individuals in NFs (who are under the age of <u> </u>). NF services are provided under this plan.</div><div><u> </u></div><div>(4) In addition to the group under (b) (3), individuals in ICFs/MR (who are under the age of <u> </u>).</div></div>

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August 1991

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State South Carolina

Agency*	Citation(s)	Groups Covered
	B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)	
	<u> </u>	(5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of <u> </u>). Inpatient psychiatric services for individuals under age 21 are provided under this plan.
	<u> X </u>	(6) Other defined groups (and ages), as specified in Supplement 1 of <u>ATTACHMENT 2.2-A.</u>

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Approval Date 02-21-14

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a

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August 1991

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OMB NO.: 0938-

State South Carolina

Agency*	Citation(s)	Groups Covered								
	B.	<u>Optional Groups Other Than the Medically Needy</u> (Continued)								
1902(a)(10) (A)(ii)(VIII) of the Act IV-A	<input checked="" type="checkbox"/>	<p>8. A child for whom there is in effect a State adoption assistance agreement (other than under title IV-E of the Act), who, as determined by the State adoption agency, cannot be placed for adoption without medical assistance because the child has special needs for medical or rehabilitative care, and who before execution of the agreement--</p> <p>a. Was eligible for Medicaid under the State's approved Medicaid Plan; or</p> <p>b. Would have been eligible for Medicaid if the standards and methodologies of the title IV-E foster care program were applied rather than the AFDC standards and methodologies.</p> <p>The State covers individuals under the age Of--</p> <table><tr><td><u> X </u></td><td>21</td></tr><tr><td><u> </u></td><td>20</td></tr><tr><td><u> </u></td><td>19</td></tr><tr><td><u> </u></td><td>18</td></tr></table>	<u> X </u>	21	<u> </u>	20	<u> </u>	19	<u> </u>	18
<u> X </u>	21									
<u> </u>	20									
<u> </u>	19									
<u> </u>	18									

TN No. MA 92-07
Supersedes
TN No. MA 89-04

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Effective Date 1/01/92

HFCA ID: 7984E

State South Carolina

Agency*	Citation(s)	Groups Covered
	B.	<u>Optional Groups Other Than the Medically Needy</u> (Continued)
42 CFR 435.223	<input type="checkbox"/>	9. Individuals described below who would be eligible for AFDC if coverage under the State's AFDC plan were as broad as allowed under title IV-A:
1902(a)(10)		Individuals under the age of--
(A)(ii) and		___ 21
1905(a) of		___ 20
the Act		___ 19
		___ 18
		___ Caretaker relatives
		___ Pregnant women

State South Carolina

Agency*	Citation(s)	Groups Covered
	B.	<u>Optional Groups Other Than the Medically Needy</u> (Continued)
42 CFR 435.230 IV-A	<input checked="" type="checkbox"/> 10.	<u>States using SSI criteria with agreements under sections 1616 and 1634 of the Act.</u> The following groups of individuals who receive only a State supplementary payment (but no SSI payment) under an approved optional State supplementary payment program that meets the following conditions. The supplement is-- a. Based on need and paid in cash on a regular basis. b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement. c. Available to all individuals in the State. d. Paid to one or more of the classifications of individuals listed below, who would be eligible for SSI except for the level of their income. ____ (1) All aged individuals. ____ (2) All blind individuals. ____ (3) All disabled individuals.

State South Carolina

Agency*	Citation(s)	Groups Covered
B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)		
	<u>X</u>	(4) Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.
42 CFR 435.230	<u>X</u>	(5) Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.
	<u>X</u>	(6) Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
	_____	(7) Individuals receiving a Federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
	_____	(8) Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
	_____	(9) Individuals in additional classification-classifications approved by the Secretary as follows:

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August 1991

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State South Carolina

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

 Yes

 X No.

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

TN No. MA 92-07
Supersedes
TN No. N/A

Approval Date 06/04/92

Effective Date 1/01/92

HFCA ID: 7984E

State South Carolina

Agency*	Citation(s)	Groups Covered
	B.	<u>Optional Groups Other Than the Medically Needy</u> (Continued)
42 CFR 435.230 42 CFR 435.120 435.121 1902(a)(10) (A)(ii)(XI) of the Act	<input type="checkbox"/> 11.	<u>Section 1902(f) States and SSI criteria States without agreements under section 1616 or 1634 of the Act.</u> The following groups of individuals who receive a State supplementary payment under an approved optional State supplementary payment program that meets the following conditions. The supplement is—Based on need and paid in cash on a regular basis. b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement. c. Available to all individuals in each classification and available on a Statewide basis. d. Paid to one or more of the classifications of individuals listed below: ____ (1) All aged individuals. ____ (2) All blind individuals. ____ (3) All disabled individuals.

State South Carolina

Agency*	Citation(s)	Groups Covered
B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)		
	_____ (4)	Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.
	_____ (5)	Blind individuals in domiciliary facilities in other group living arrangements under SSI.
	_____ (6)	Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
	_____ (7)	Individuals receiving federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
	_____ (8)	Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
	_____ (9)	Individuals in additional classifications approved by the Secretary as follows:

Revision: HFCA-PM-91-4 (BPD)
August 1991

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OMB NO.: 0938-

State South Carolina

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

☐ Yes

☐ No

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

TN No. MA 92-07
Supersedes
TN No. MA 91-06

Approval Date 06/04/92

Effective Date 1/01/92

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State South Carolina

Agency*	Citation(s)	Groups Covered
	B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)	
42 CFR 435.231 1902(a)(10) (A)(ii)(V) of the Act IV-A	<input checked="" type="checkbox"/> 12.	Individuals who are in institutions for at least 30 consecutive days and who are eligible under a special income level. Eligibility begins on the first day of the 30-day period. These individuals meet the income standards specified in Supplement 1, page 9a to <u>ATTACHMENT 2.6-A</u> .
	<input checked="" type="checkbox"/>	The State covers all individuals as described above.
	<input type="checkbox"/>	The State covers only the following group or groups of individuals:
1902(a)(10)(A) (ii) and 1905(a) of the Act	<input type="checkbox"/>	Aged
	<input type="checkbox"/>	Blind
	<input type="checkbox"/>	Disabled
	<input type="checkbox"/>	Individuals under the age of--
	<input type="checkbox"/>	21
	<input type="checkbox"/>	20
	<input type="checkbox"/>	19
	<input type="checkbox"/>	18
	<input type="checkbox"/>	Caretaker relatives
	<input type="checkbox"/>	Pregnant women

State South Carolina

Agency*	Citation(s)	Groups Covered
	B.	<u>Optional Groups Other Than the Medically Needy</u> (Continued)
1902(e) (3) of the Act	<input checked="" type="checkbox"/>	13. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid under the plan if they were in a medical institution, and for whom the State has made a determination as required under section 1902(e) (3) (B) of the Act. <u>Supplement 3 to ATTACHMENT 2.2-A</u> describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home.
1902(a) (10) (A) (ii) (IX) and 1902(1) of the Act	<input checked="" type="checkbox"/>	14. The following individuals who are not mandatory categorically needy whose income does not exceed the income level (established at an amount above the mandatory level and not more than 185 percent of the Federal poverty income level) specified in <u>Supplement 1 to ATTACHMENT 2.6-A</u> for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in <u>Supplement 2 to ATTACHMENT 2.6-A</u> : a. Women during pregnancy (and during the 60-day period beginning on the last day of pregnancy); and b. Infants under one year of age.

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State South Carolina

Agency*	Citation(s)	Groups Covered
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HFCA ID: 7984E

State South Carolina

Agency*	Citation(s)	Groups Covered
	B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)	
1902(a) (ii) (X) and 1902(m) (1) and (3) of the Act IV-A	<input checked="" type="checkbox"/> 16.	Individuals— a. Who are 65 years of age or older or are disabled, as determined under section 1614(a) (3) of the Act. Both aged and and disabled individuals are covered under this eligibility group. b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to <u>ATTACHMENT 2.6-A</u> for a family of the same size; and c. Whose resources do not exceed the maximum amount allowed under SSI; or under the State's medically needy program as specified in <u>ATTACHMENT 2.6-A</u> . Supplement 2, pg. 6.

TN No. MA 92-07
Supersedes
TN No. N/A

Approval Date 06/04/92

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HFCA ID: 7984E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State South Carolina

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a) (47)
and 1920 of
the Act

17. Pregnant women who are determined by a "qualified provider" (as defined in §1920(b) (2) of the Act based on preliminary information, to meet the highest applicable income criteria specified in this plan under ATTACHMENT 2.6-A and are therefore determined to be presumptively eligible during a presumptive eligibility period in accordance with §1920 of the Act.

TN No. MA 92-07
Supersedes
TN No. N/A

Approval Date 06/04/92

Effective Date 1/01/92

State South Carolina

Citation	Groups Covered
B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)	
1906 of the Act	18. Individuals required to enroll in cost-effective employer-based group health plans remain eligible for a minimum enrollment period of <u>1</u> months.
1902 (a) (10) (F) and 1902 (u) (1) of the Act	19. Individuals entitled to elect COBRA continuation coverage and whose income as determined under Section 1612 of the Act for purposes of the SSI program, is no more than 100 percent of the Federal poverty level, whose resources are no more than twice the SSI resource limit for an individual, and for whom the State determines that the cost of COBRA premiums is likely to be less than the Medicaid expenditures for an equivalent set of services. See Supplement 11 to <u>ATTACHMENT 2.6-A.</u>

TN No. MA 93-011
Supersedes
TN No. N/AApproval Date 11/05/93Effective Date 10/01/93

HCFA ID: 7982E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State South Carolina

Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)(10)(A)
(ii)(XIV) of the Act

X 19. Optional Targeted Low Income Children Who:

a. are not eligible for Medicaid under any other optional or mandatory eligibility group or eligible as medically needy (without spenddown liability);

b. would not be eligible for Medicaid under the policies in the State's Medicaid plan as in effect on April 15, 1997 (other than because of the age expansion provided for in §1902(1)(2)(D);

c. have family income at or below:

200 percent of the Federal poverty level for the size family involved, as revised annually in the Federal Register; or

A percentage of the Federal poverty level, which is in excess of the "Medicaid applicable income level" (as defined in §2110(b)(4) of the Act) but by no more than 50 percentage points.

The State covers:

X All children described above who are under age 19 (18, 19) with family income at or below 200 percent of the Federal poverty level.

TN No. SC 10-003
Supersedes
TN No. MA 98-005

Approval Date: 10/19/10

Effective Date 10/01/10

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State South Carolina

Citation(s)	Groups Covered
	<p>_____ The following reasonable classifications of children described above who are under Age ____ (18, 19) with family income at or below the percent of the Federal poverty level specified for the classification:</p> <p>(ADD NARRATIVE DESCRIPTION(S) OF THE REASONABLE CLASSIFICATION(S) AND THE PERCENT OF THE FEDERAL POVERTY LEVEL USED TO ESTABLISH ELIGIBILITY FOR EACH CLASSIFICATION.)</p>
1902(a) (12) of the Act <u> X </u>	20. A child under age <u> 19 </u> (Not to exceed age 19) who has been determined eligible is deemed to be eligible for a total of <u> 12 </u> months (not to exceed 12 months) regardless of changes in circumstances other than attainment of the maximum age stated above.
1920A of the Act _____	21. Children under age 19 who are determined by a "qualified entity" (as defined in §1920A (b) (3) (A) based on preliminary information, to meet the highest applicable income criteria specified in this plan.
	<p>The presumptive period begins on the day that the determination is made. If an application for Medicaid is filed on the child's behalf by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on the day that the State agency makes a determination of eligibility based on that application. If an application is not filed on the child's behalf by the last day of the month following the month the determination of presumptive eligibility was made, the presumptive period ends on that last day.</p>

TN No. MA 97-007
 Supersedes _____
 TN No. N/A

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Revision:

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OMB NO.:

State/Territory: South Carolina

Citation

Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

1902 (a) (10) (A)	<u>X</u>	22.	Disabled individuals whose net family income is below 250 per cent of the Federal poverty level for a family of the size involved and who, except for earned income, meet all criteria for receiving benefits under the SSI program. See page 12c of the Attachment 2.6-A.
1902 (a) (10) (A)	<u>X</u>	23.	Children who are in foster care under the responsibility of the state on their 18 th birthday may be eligible for Medicaid until their 21 st birthday without regard to their income and resources.

TN No. MA 00-004

Supersedes

TN No. MA 98-014

Approval Date 04/20/00

Effective Date 4/01/00

HCFA ID: 7985E

State: South Carolina

Citation	Groups Covered
B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)	
1902(a)(10)(A)(ii) (XVIII) of the Act	<u>X</u> [24]. Women who: <ul style="list-style-type: none">a. have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program established under title XV of the Public Health Service Act in accordance with the requirements of section 1504 of that Act and need treatment for breast or cervical cancer, including a pre-cancerous condition of the breast or cervix;b. are not otherwise covered under creditable coverage, as defined in section 2701(c) of the Public Health Service Act;c. are not eligible for Medicaid under any mandatory categorically needy eligibility group; andd. have not attained age 65.
1920B of the Act	<u> </u> [25]. Women who are determined by a "qualified entity" (as defined in 1920B) (b) based on preliminary information, to be a woman described in 1902(aa) of the Act related to certain breast and cervical cancer patients. <p>The presumptive period begins on the day that the determination is made. The period ends on the date that the State makes a determination with respect to the woman's eligibility for Medicaid, or if the woman does not apply for Medicaid (or a Medicaid application was not made on her behalf) by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on that last day.</p>

TN No. MA 01-008

Supersedes

TN No. N/A

Approval Date 08/08/01

Effective Date 7/01/01

State South Carolina

Agency*	Citation(s)	Groups Covered
	C. <u>Optional Coverage or the Medically Needy</u>	
42 CFR 435.301	This plan includes the medically needy.	
	<input checked="" type="checkbox"/> No.	
	<input type="checkbox"/> Yes. This plan covers:	
	1. Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act.	
1902(e) of the Act	2. Women who, while pregnant, were eligible for and have applied for Medicaid and receive Medicaid as medically needy under the approved State plan on the date the pregnancy ends. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum services under the plan for a 60-day period, beginning with the date the pregnancy ends, and any remaining days in the month in which the 60 th day falls.	
1902(a) (10) (C) (ii) (I) of the Act	3. Individuals under age 18 who, but for income and/or resources, would be eligible under section 1902(a) (10) (A) (i) of the Act.	

State South Carolina

Agency*	Citation(s)	Groups Covered
	C.	<u>Optional Coverage of Medically Needy</u> (Continued)
1902(e) (4) of the Act	4.	Newborn children born on or after October 1, 1984 to a woman who is eligible as medically needy and is receiving Medicaid on the date of the child's birth. The child is deemed to have applied and been found eligible for Medicaid on the date of birth and remains eligible for one year so long as the woman remains eligible or would remain eligible if she were pregnant and the child is a member of the woman's household.
42 CFR 435.308	5. <input type="checkbox"/> a.	Financially eligible individuals who are not described in section C.3.above and who are under the age of-- ____ 21 ____ 20 ____ 19 ____ 18 or under age 19 who are full-time students in a secondary school or in the equivalent of vocational or technical training
	<input type="checkbox"/> b.	Reasonable classification of financially eligible individuals under the ages of 21, 20, 19, or 18 as specified below: ____ (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are: ____ (a) In foster homes (and are under the age of ____). ____ (b) In private institutions (and under the age of ____).

State South Carolina

Agency*	Citation(s)	Groups Covered
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C. Optional Coverage of Medically Needy (Continued)

- | | | |
|-------|-----|--|
| _____ | (c) | In addition to the group under b.(1)(a) and(b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of _____). |
| _____ | (2) | Individuals in adoptions subsidized in full or part by a public agency (who are under the age of _____). |
| _____ | (3) | Individuals in NFs (who are under the age of _____). NF services are provided under this plan. |
| _____ | (4) | In addition to the group under b) (3), individuals in ICFs/MR (who are under the age of _____). |
| _____ | (5) | Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of _____). Inpatient psychiatric services for individuals under age 21 are provided under this plan. |
| _____ | (6) | Other defined groups (and ages), as specified in Supplement 1 of <u>ATTACHMENT 2.2-A</u> . |

State South Carolina

Agency*	Citation(s)	Groups Covered
	C. <u>Optional Coverage of Medically Needy</u> (Continued)	
42 CFR 435.310	<input type="checkbox"/>	6. Caretaker relatives.
42 CFR 435.320 and 435.330	<input type="checkbox"/>	7. Aged individuals
42 CFR 435.322 and 435.330	<input type="checkbox"/>	8. Blind individuals.
42 CFR 435.324 and 435.330	<input type="checkbox"/>	9. Disabled individuals.
42 CFR 435.326	<input type="checkbox"/>	10. Individuals who would be ineligible if they were not enrolled in an HMO. Categorically needy individuals are covered under 42 CFR 435.212 and the same rules apply to medically needy individuals.
435.340		11. Blind and disabled individuals who: a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria; b. Were eligible as medically need in December 1973 as blind or disabled; and c. For each consecutive month after December 1973 continue to meet the December 1973 eligibility criteria.

Revision: HFCA-PM-91-8 (BPD)
October 1991

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State South Carolina

Agency*	Citation(s)	Groups Covered
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C. Optional Coverage of Medically Needy (Continued)

1906 of the
Act

12. Individuals required to enroll in cost effective employer-based group health plans remain eligible for a minimum enrollment period of _____ months.

TN No. MA 93-011

Supersedes

TN No. N/A

Approval Date 11/05/93

Effective Date 10/01/93

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: South Carolina

REQUIREMENTS RELATING TO DETERMINING ELIGIBILITY FOR MEDICARE
PRESCRIPTION DRUG LOW-INCOME SUBSIDIES

Agency	Citation(s)	Groups Covered
<hr/>		
1935(a) and 1902(a) (66)	The agency provides for making Medicare prescription drug Low Income Subsidy determinations under Section 1935(a) of the Social Security Act.	
42 CFR 423.774 and 423.904	1.	The agency makes determinations of eligibility for premium and cost-sharing subsidies under and in accordance with section 1860D-14 of the Social Security Act;
	2.	The agency provides for informing the Secretary of such determinations in cases in which such eligibility is established or redetermined;
	3.	The agency provides for screening of individuals for Medicare cost-sharing described in Section 1905(p) (3) of the Act and offering enrollment to eligible individuals under the State plan or under a waiver of the State plan.

State/Territory South Carolina

Citation	Groups Covered
	B. Optional Groups Other Than the Medically Needy (Continued)
1902(a)(10)(A)(ii)(XXI)	
1902(ii)	<p><input checked="" type="checkbox"/> Individuals (men and women) who are <i>not</i> pregnant and whose income does not exceed the State established income standard of <u>185%</u> of the Federal Poverty Level. This amount does not exceed the highest income limit for pregnant women in this State Plan, which is <u>185%</u> of the Federal Poverty Level.</p> <p><input type="checkbox"/> In determining eligibility for this group, the State considers only the income of the applicant or recipient.</p> <p><input checked="" type="checkbox"/> In determining eligibility for this group, the State will exclude parental income for minors under age 18, consistent with the methodology described on page 1 of Supplement 8a to Attachment 2.6 of the State Plan.</p>
1920C	<p>Presumptive Eligibility for Family Planning:</p> <p><input type="checkbox"/> The State provides a period of presumptive eligibility for family planning services to individuals determined by a qualified entity, based on preliminary information from the individual, described in the group the State has elected to make eligible under the above option. The period of presumptive eligibility ends on the earlier of the date a formal determination of Medicaid eligibility is made under 1902(a)(10)(A)(ii)(XXI), or, when no application has been filed, the last day of the month following the month during which the qualified entity determines the individual presumptively eligible.</p> <p><input type="checkbox"/> In addition to family planning services, the State covers family planning-related services to such individuals during the period of presumptive eligibility.</p>

TN No. SC 10-010 Approval Date: 12/22/10Effective Date 01/01/11Supersedes TN: No. New Page

Revision: HFCA-PM-91-4 (BPD)
August 1991

SUPPLEMENT 1 TO ATTACHMENT 2.2-A
Page 1
OMB NO.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State South Carolina

REASONABLE CLASSIFICATIONS OF INDIVIDUALS UNDER
THE AGE OF 21, 20, 19, AND 18

42 CFR 435.222 REASONABLE CLASSIFICATIONS OF INDIVIDUALS UNDER
THE AGE OF 21, 20, 19, AND 18

2101(f)-Like Children: Children under age 19 who were enrolled in Medicaid 12/31/2013 and would otherwise become ineligible for Medicaid at their first redetermination using MAGI methodologies solely due to the loss of income disregards will remain Medicaid eligible until their next redetermination using MAGI methodologies.

TN No. SC 13-025
Supersedes
TN No. MA 92-07

Approval Date 02-21-14

Effective Date 12/31/13

HCFA ID: 7984E

Revision: HFCA-PM-91-4 (BPD)
August 1991

SUPPLEMENT 3 TO ATTACHMENT 2.2-A
Page 1
OMB NO.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: South Carolina

Method for Determining Cost Effectiveness of Caring for
Certain Disabled Children at Home

On an annual basis, each recipient's expenditures will be measured against the cost of care in an institution to ensure that home care is more cost effective than institutional care.

For each recipient the cost of home care services to the Medicaid program must be no greater than the costs that would be incurred if the recipient were placed in an institution which meets the recipient's needs.

TN No. MA 94-023

Supersedes

TN No. MA 92-07

Approval Date 02/22/95

Effective Date 01/01/95

HCFA ID: 7984E